TDDDGTAA)			NORTH CAROLINA		7.3	GE: 1	
IPDR6702 RUN DATE	: 08/13/2007		IF	RS CHECKWRITE SUMMARY REPORT		PA	- I	
				CHECKWRITE DATE: 08/14/2007				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF	+	TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	79	551	THIS SERVICE IS NOT PAYABLE TO				
	H/DD/SAS			YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	268	DUPLICATE OF CLAIM-SYSTEM	60	1251	1630	379
		8505	194	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	3411	1042	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED				
	DS LME			BENEFIT SERVICES ON OR AFTER D				
		21	260	DUPLICATE OF CLAIM-SYSTEM	0	1509	7491	5982
		8800	36	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404910	PATHWAYS	11	115	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		5308	42	PRIOR AUTHORIZED UNITS EXCEEDE	1	257	4560	4242
				D				
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	120	4	CLIENT ID NUMBER MISSING OR IN				
	ENTAL HEALT			VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				PRO PERSONAL PROPERTY.				
		8000	2	NO RATE AVAILABLE ON FILE TO P	0	6	268	262
		8000	2	NO RATE AVAILABLE ON FILE TO P	0	6	268	262
		8000	2		0	6	268	262
3404913			2	RICE THIS CLAIM DETAIL	0	6	268	262
3404913	MECKLENBURG COM	8505	3192		0	6	268	262
3404913	MECKLENBURG COM ENTAL HEALT		3192	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE	0	6	268	262
3404913		8505		RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT. BUDGET	0	6	268	262
3404913			3192	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS	0	6420	268	262
3404913		8505		RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM.				
3404913		8505		RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS				
3404913		8505		RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY,				
3404913		8505 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
3404913		8505 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT	8505 8535 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404913	ENTAL HEALT CROSSROADS BEHA	8505 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	ENTAL HEALT	8505 8535 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS				
	ENTAL HEALT CROSSROADS BEHA	8505 8535 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH	0	6420	6469	
	ENTAL HEALT CROSSROADS BEHA	8505 8535 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY,		6420		
	ENTAL HEALT CROSSROADS BEHA	8505 8535 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	6420	6469	49
	ENTAL HEALT CROSSROADS BEHA	8505 8535 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY,	0	6420	6469	49
3404916	ENTAL HEALT CROSSROADS BEHA	8505 8535 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	6420	6469	49
	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL	8505 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FUTTHER PROCESSING NECESSARY, PLEASE RESUBMIT THE CLAIM WITH FUTURE RA'S. DETAIL NOT COVERED WY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	6420	6469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8505 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FUTURE PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT	0	6420	6469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8505 8535 8800 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FUTURE RA'S. LEASE CHECK FOR CLAIM ON FUTURE RA'S. DELEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	6420	5469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8505 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FUTTHER PROCESSING NECESSARY, PLEASE RESUBMIT THE CLAIM WITH FUTURE RA'S. DETAIL NOT COVERED WY COMBINAT LON OF RECIPIENT, PROVIDER AND	0	6420	6469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8505 8535 8800 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE	0	6420	5469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8535 8800 8535 8800 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL ON COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	6420	5469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8505 8535 8800 8535 8800	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FUTURE RA'S. PUTURE RA'S. DETAIL ON THE CLAIM WITH FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE PROCEDURE IS NOT PAYABLE FOR Y	0	6420	5469	49
3404916	ENTAL HEALT CROSSROADS BEHA VIORAL HEAL CENTERPOINT HUM	8535 8800 8535 8800 8535	2195	RICE THIS CLAIM DETAIL CLAIM DENIED DUE TO INSUFFICIE NT BUDGET SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE RESUBMIT THE CLAIM WITH FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL ON COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	6420	5469	49

	1				1		TOTAL	moma -
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	545	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8599	131	DETAIL NOT COVERED BY COMBINAT	0	949	1741	792
				ION OF RECIPIENT, PROVIDER AND		343	1/11	132
				BENEFIT PACKAGE.				
		191	91	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
				H PALLENI NAME				
3404920	ALAMANCE CASWEL	5404	5	SEVERE DUPLICATE: SAME ATTD PR				
	L AREA MH D			OV/PCODE/TOS/DOS/MOD				
		79	5	THIS SERVICE IS NOT PAYABLE TO	0	16	472	456
				YOUR SUBMITTED BILLING	0	10	4/2	450
				PROVIDER TYPE AND SPECIALTY IN				
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	8536	36	ATTENDING PROVIDER TYPE AND SP		1		
	HATHAM AREA			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		191	22	CLIENT ID NUMBER DOES NOT MATC		1		
		191	44	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	113	1660	1547
						 		
						1		
		143	21	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404922	THE DURHAM CENT	8534	1	SERVICE FACILITY LOCATION IS N				
3101922	ER ER	0331	-	OT A VALID IPRS ATTENDING				
	2220			PROVIDER. PLEASE VERIFY THE F				
		0	0		0	1	6	5
3404923	FIVE COUNTY MH	8505	1326	CLAIM DENIED DUE TO INSUFFICIE				
	FIVE COUNTY MIN			NT BUDGET				
		8800	71	FURTHER PROCESSING NECESSARY,	0	1522	2449	927
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				TOTAL IN D.				
		11	62	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404925		2525	9007	CLAIM DENIED DUE TO INSUFFICIE				
3404925	SANDHILLS CENTE	8505	9007	NT BUDGET				
	R FOR MH/DD			NI DODGE				
						1		
		8800	243	FURTHER PROCESSING NECESSARY,	3	9540	10208	668
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.		1		
	+	23	86	SERVICE REQUIRES PRIOR APPROVA		1		
	1			L				
240405-		0.1	420					
3404926	SOUTHEASTERN RE	21	438	DUPLICATE OF CLAIM-SYSTEM				
	G MENTAL HL							
	1					1		
		8800	110	FURTHER PROCESSING NECESSARY,	11	1099	4461	3362
				PLEASE CHECK FOR CLAIM ON				
	<u> </u>			FUTURE RA'S.				
	1	8536	101	ATTENDING PROVIDER TYPE AND SP		-		
	1			ECIALTY COMBINATION IS NOT		1		
	1			VALID FOR SUBMITTED BILLING PR				
3404927	CUMBERLAND CO M	8622	57	60 RESIDENTIAL LEVEL II TREATM				
	HC			ENT RECEIVED, PA IS REQUIRED				
	1			FOR ADDITIONAL SERVICE.		-		
		21	47	DUPLICATE OF CLAIM-SYSTEM	3	211	520	309
					,	211	320	309
		8599	40	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1		
								
	1	1	1			1	l	1

PROVIDER				T			moma r	moma r
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404930	JOHNSTON COUNTY	8599	81	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	66	DIAGNOSIS OR SERVICE INVALID F	0	192	3591	3399
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		120	1.0	CLIENT ID NUMBER MISSING OR IN				
		120	18	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404931	WAKE CO HUM SVC	8621	52	60 RESIDENTIAL LEVEL III TREAT				
	BILLING OF			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		21	50	DUPLICATE OF CLAIM-SYSTEM	11	221	838	617
		8599	30	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404022		2411	1491	DECUTDED TYPE AND ORBOTATON CO				
3404933	SOUTHEASTERN CT	3411	1481	PROVIDER TYPE AND SPECIALTY 07			1	
	R FOR MH/DD			4/113 CANNOT BILL ENHANCED		-		
		1		BENEFIT SERVICES ON OR AFTER D				
		2412	E22	DECUTDED TYPE AND ORBOTATON CO				
		3412	533	PROVIDER TYPE AND SPECIALTY 07	0	2366	3668	1302
		1		4/113 CANNOT BILL ENHANCED				
		1		BENEFIT SERVICES ON OR AFTER D				
		0527	100	PROCEDURE IS NOT PAYABLE FOR Y				
		8537	108	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	1	1	1	
		1		OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	1	-	1	
		1		DISTRICT TO PEN	1	-	1	
3404934	ANGLOS AND DEPARTMENT	11	180	CLIENT NOT ELIGIBLE ON SERVICE				
3404934	ONSLOW CARTERET	11	100	DATE				
	BEHAV HEAL	1	1		 	+	 	
		8599	158	DETAIL NOT COVERED BY COMBINAT	1	300	705	206
				ION OF RECIPIENT, PROVIDER AND	1	389	785	396
				BENEFIT PACKAGE.	 	 	 	
		8536	17	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	manual Car							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404937	THE BEACON CENT	21	9	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		1						
		191	8	CLIENT ID NUMBER DOES NOT MATC	0	26	1588	1562
				H PATIENT NAME				
		0500						
		8599	ь	DETAIL NOT COVERED BY COMBINAT				
			1	ION OF RECIPIENT, PROVIDER AND				
							1	1
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
3404939	EAST CAROLINA B	8534	776	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N				
3404939	EAST CAROLINA B EHAVIORAL H	8534	776	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING				
3404939		8534	776	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N				
3404939				RENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IFES ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404939		8534 8599	776	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT	0	1631	5245	3614
3404939				BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPES ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	1631	5245	3614
3404939				BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT	0	1631	5245	3614
3404939		8599	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1631	5245	3614
3404939				BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCEEDS THE ONE PER DAY LIMITA	0	1631	5245	3614
3404939		8599	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1631	5245	3614
3404939		8599	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCEEDS THE ONE PER DAY LIMITA	0	1631	5245	3614
	EHAVIORAL H	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0	1631	5245	3614
3404939	EAST CAROLINA B	8599	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCEEDS THE ONE PER DAY LIMITA	0	1631	5245	3614
	EHAVIORAL H	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0	1631	5245	3614
	EAST CAROLINA B	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0	1631	5245	3614
	EAST CAROLINA B	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0			3614
	EAST CAROLINA B	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0	1631		3614
	EAST CAROLINA B	7001	424	BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. EXCREDS THE ONE PER DAY LIMITA TION	0			3614

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
2404040		0	0	*** NO DATA TO REPORT ***				
3404942	EAST CAROLINA B	U	U	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
								+
		0	0			_		+
		•				0 0	C) (
								+
3404943	ALBEMARLE MENTA	3411	21	PROVIDER TYPE AND SPECIALTY 07				+
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	11	DETAIL NOT COVERED BY COMBINAT		3 68	759	691
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		5404	10	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404944	EASTPOINTE HUMA	8536	67	ATTENDING PROVIDER TYPE AND SP				
	N SERVICES			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8533	29	SERVICE FACILITY LOCATION CANN		_		
		0533	29	OT BE AN ATTENDING PROVIDER		2 134	2208	3 2074
				IDENTIFIED AS AN INDIVIDUAL.				-
				IDENTIFIED AS AN INDIVIDUAL.				+
		8505	29	CLAIM DENIED DUE TO INSUFFICIE				+
				NT BUDGET				+
								+
3404946	FOOTHILLS AREAM	8599	43	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		27	14	DIAGNOSIS CODE MISSING OR INVA		0 68	2658	2590
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		142						
		143	4	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				